

### Billing and Policy Vision Care Bulletin 309

November 2003

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*Articles with related Part 1 Manual Replacement Pages may be found in the "Program and Eligibility" bulletin. Articles with related Part 2 Manual Replacement Pages may be found in the "Billing and Policy" bulletin. The Medi-Cal Update may not always contain a "Billing and Policy" section.*

#### Dispensing Fees: Reimbursement Update

Effective for dates of service on or after October 15, 2003, HCPCS code Z3166 (absorptive characteristics) is a "By Report" procedure reimbursable only to Prison Industry Authority (PIA) fabricating optical laboratories. The maximum amount payable depends on the lens item supplied by the laboratory, as indicated on the *HCFA 1500* claim form.

#### Benefits Identification Card: Psychiatric Drugs Exclusion

Effective for dates of service on or after December 1, 2003, claims including the following psychiatric drugs do not require an issue date and may be billed with either the recipient's Social Security Number or BIC ID number:

Amantadine HCl	Fluphenazine Decanoate	Paroxetine HCl
Amitriptyline HCl	Fluphenazine HCl	Perphenazine
Aripiprazole	Fluvoxamine Maleate	Phenelzine
Benzotropine Mesylate	Gabapentin	Pimozide
Biperiden HCl	Haloperidol	Quetiapine Fumarate
Bupropion HCl	Haloperidol Decanoate	Risperidone
Buspirone HCl	Haloperidol Lactate	Rivastigmine Tartrate
Carbamazepine	Hydroxyzine HCl	Sertraline HCl
Chlorpromazine HCl	Imipramine HCl	Thioridazine HCl
Citalopram Hydrobromide	Isocarboxazid	Thiothixene
Clomipramine HCl	Lamotrigine	Topiramate
Clonidine HCl	Lithium Carbonate	Tranlycypromine
Clozapine	Lithium Citrate	Trazodone HCl
Desipramine HCl	Loxapine Succinate	Trifluoperazine HCl
Diphenhydramine HCl	Mesoridazine Besylate	Trihexyphenidyl HCl
Divalproex Sodium	Mirtazapine	Valproate Sodium
Donepezil HCl	Molindone HCl	Valproic Acid
Doxepin HCl	Nefazodone HCl	Venlafaxine HCl
Escitalopram Oxalate	Olanzapine	Ziprasidone HCl
Fluoxetine HCl	Oxcarbazepine	

The Department of Health Services (DHS) Medical Review Branch continues to issue replacement Medi-Cal Benefits Identification Cards (BICs) in an ongoing effort to nullify BICs that may have been stolen or misused. As a general safeguard, there is a claims payment requirement when determining recipient eligibility for use of all but select drugs and services. This claims payment requirement was outlined in the July 2003 *Medi-Cal Update* in an article titled "Benefits Identification Card: Billing Reminder" and is repeated as follows.

*Please see **Benefits**, page 2*

**Benefits** (*continued*)

When verifying eligibility for recipients who receive new cards, the Automated Eligibility Verification System (AEVS) will return the eligibility message, “For claims payment, current BIC ID number and date of issue required.” Providers must have and use the BIC ID number and issue date from the new card when verifying recipient eligibility. All but excluded providers must have and use the BIC ID number and issue date from the new card when submitting claims for reimbursement. If the BIC ID number and issue date of the new card are not on the claim for recipients whose card returns the message, “Current BIC ID number and issue date required for payment,” the claim will be denied.

The following provider types are not required to provide an issue date on the claim and may bill with either the recipient’s Social Security Number or BIC ID number: Emergency Air Ambulance Transportation, Alternative Birthing Centers, Community Hospital Inpatient, Community Hospital Outpatient, County Hospital Inpatient, County Hospital Outpatient, Genetic Disease Testing, Emergency Ground Transportation, Certified Hospice, Long Term Care Facility and Mental Health Inpatient. For all other provider types, the ID number and issue date of the card must be placed on all claims, as follows:

- **Paper Claims:** Enter the BIC ID number in the *Patient Medi-Cal I.D. No.* field (Box 4) and enter the issue date in the *Remarks* area.
- **CALPOS Pharmacy Claims:** Enter the BIC ID number in the *Recipient ID* field. The issue date must be placed in the *Issue Date* field per the current *Medi-Cal Point of Service Network Interface Specifications* for CALPOS pharmacy claims.
- **Computer Media Claims (CMC):** Enter the BIC ID number in the *Recipient ID* field. The BIC issue date must be placed in the *Remarks* area. Left-justify and enter the words “BIC ISSUE DATE” and identify the issue date in the “mmddyy” format.

For assistance with eligibility, the Automated Eligibility Verification System (AEVS), Point of Service (POS) device or Medi-Cal Web site, [www.medi-cal.ca.gov](http://www.medi-cal.ca.gov), call the POS/Internet Help Desk at 1-800-427-1295. If illegal use of a BIC is suspected, or if there are questions about this policy, call the Provider Support Center (PSC) at 1-800-541-5555.

**Benefits Identification Card: Billing Reminder and Update**

Vision Care providers who refer recipients to other providers, such as laboratories, must indicate the Benefits Identification Card (BIC) ID number and issue date on the referral. If a provider, such as a laboratory, receives a referral without a recipient’s BIC ID number and issue date, the laboratory must contact the provider for this information. Dispensing optical providers who send optical orders to the Prison Industry Authority (PIA) optical laboratory must indicate the BIC issue date in the space under the Medi-Cal ID number on the *California Prison Industry Authority Optical Order Form*. If the PIA receives the form without the BIC issue date, the PIA or its billing agent must contact the dispensing optical provider for this information.

For assistance with eligibility transactions using the Automated Eligibility Verification System (AEVS), Point of Service (POS) device or the Medi-Cal Web site, [www.medi-cal.ca.gov](http://www.medi-cal.ca.gov), call the POS/Internet Help Desk at 1-800-427-1295. If illegal use of a BIC is suspected, or if there are questions about this policy, call the Provider Support Center (PSC) at 1-800-541-5555.



## CHDP Gateway: Pre-Enrollment Reminder

Since July 1, 2003, Child Health and Disability Prevention (CHDP) program providers have been able to pre-enroll children in the Medi-Cal program using the new *Child Health and Disability Prevention (CHDP) Program Pre-Enrollment Application* (DHS 4073, revised 7/03) either on the Medi-Cal Web site ([www.medi-cal.ca.gov](http://www.medi-cal.ca.gov)) or through the Point of Service (POS) network. Children younger than 19 years of age who are pre-enrolled in Medi-Cal at the time of a CHDP health assessment are eligible to receive either full-scope, no-cost Medi-Cal benefits and dental coverage or CHDP and emergency Medi-Cal services for up to two months.

During a child's CHDP health assessment visit, a provider electronically submits pre-enrollment information and receives an immediate response indicating the child's eligibility status. An eligible child will receive coverage for up to two months (during the month of application and the subsequent month).

If a child is eligible for Medi-Cal benefits, a Benefits Identification Card (BIC) number is included in the eligibility response and the provider prints an Immediate Need Eligibility Document for the child from the Web site or POS device.

Any Medi-Cal provider can provide service to children by presenting one of the documents below. Use the BIC number that appears on the document to verify eligibility for services such as office visits, optometric exams or prescriptions.

**CHDP Gateway Pre-enrollment Application Response**

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**CHDP GATEWAY PRE-ENROLLMENT RESPONSE**

Provider Number : zzzzzzzzz Application Date/Time: 12/19/2002 9:26:50 AM

Patient's Name: Public John Q

Date of Birth: 01/01/1988

Gender: Male

BIC ID#: 1234567890

BIC Issue Date: 07/01/20

Good Thru Date: 08/31/20

You are temporarily eligible for Medi-Cal through 01/31/2003. Use this document to access Medi-Cal services until your Benefits Identification Card arrives. To continue your coverage, you must return a completed joint Healthy Families/Medi-Cal application before 01/31/2003. If you do not receive the application in the mail within 10 days, call 1-800-880-5305.

Client Signature: \_\_\_\_\_

*Sample. Immediate Need Eligibility Document via Medi-Cal Web site.*

<Header Line #1>  
CALIFORNIA  
DEPARTMENT OF HEALTH SERVICES  
MEDI-CAL POS NETWORK  
<Header Line #6>

07/01/2003 12:04:22

TERMINAL : V123456789  
SOFTWARE : ZZACH01

PROVIDER NUMBER: CHA123456

**CHDP GATEWAY  
PRE-ENROLLMENT  
RESPONSE**

PATIENT NAME:  
PUBLIC JOHN Q

DATE OF BIRTH:  
1988-01-01

GENDER:  
M

BIC ID#:  
1234567890

ISSUE DATE:  
2003-07-01

GOOD THRU DATE:  
2003-08-31

YOU ARE TEMPORARILY ELIGIBLE FOR FULL SCOPE MEDI-CAL THROUGH 08/31/2003. USE THIS DOCUMENT TO ACCESS MEDI-CAL SERVICES UNTIL YOUR BIC ARRIVES. TO CONTINUE YOUR COVERAGE YOU MUST RETURN A COMPLETED JOINT HEALTHY FAMILIES/MEDI-CAL APPLICATION BEFORE 08/31/2003. IF YOU DO NOT RECEIVE THE APPLICATION WITHIN 10 DAYS, CALL 1-800-880-5305.

X  
CLIENT SIGNATURE \_\_\_\_\_

<<SYSTEM MESSAGE(S) FROM >>  
<< PROVIDER MAIL >>

THANK YOU!  
<Footer 4>

*Sample. Immediate Need Eligibility Document via POS device.*

*Please see CHDP, page 4*

**CHDP** *(continued)*

**Provider Assistance**

For questions regarding POS or Internet requirements, contact the POS/Internet Help Desk at 1-800-427-1295, seven days a week, from 6 a.m. to midnight.

Please refer to the Medi-Cal Web site ([www.medi-cal.ca.gov](http://www.medi-cal.ca.gov)) for more information about the CHDP program. Providers who are interested in becoming CHDP providers can contact their local CHDP program. Please visit [www.dhs.ca.gov/chdp](http://www.dhs.ca.gov/chdp) for a list of local CHDP programs.

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## **Instructions for Manual Replacement Pages**

### **Vision Care (VC) Bulletin 309**

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**November 2003**

#### *Part 2*

Remove and replace:    medi non hcp 1/2